CHAPTER 3
SECTION 17.3

COCHLEAR IMPLANTATION

Issue Date: March 2, 1988
Authority: 32 CFR 199.4(b), (c)(2), (d)(3)(vii), and 32 CFR 199.5(c)(2)

I. PROCEDURE CODES

69930, 92510

II. DESCRIPTION

A cochlear implant device is an electronic instrument, part of which is implanted surgically to stimulate auditory nerve fibers, and part of which is worn or carried by the individual to capture and amplify sound. Cochlear implant devices are available in single channel and multi-channel models. The purpose of implanting the device is to provide an awareness and identification of sounds and to facilitate communication for persons who are profoundly hearing impaired.

III. POLICY

A. For coverage, patients must meet all of the following selection guidelines:

1. Diagnosis of severe to profound sensorineural deafness that cannot be mitigated by use of a hearing aid in patients whose auditory cranial nerves are stimulable.

2. Cognitive ability to use auditory clues and a willingness to undergo an extended program of rehabilitation.

3. Freedom from middle ear infection, an accessible cochlear lumen that is structurally suited to implantation, and freedom from lesions in the auditory nerve and acoustic areas of the central nervous system.

4. No contraindications to surgery and implantation, such as poor anesthetic risk, severe mental retardation, severe psychiatric disorders, and organic brain syndrome.

B. Cochlear implantation using FDA-approved cochlear implants is covered when used in accordance with the FDA labeled indications.

C. Cochlear implants is covered for children ages 18 months through 17 years of age, who have a bilateral profound sensorineural deafness and achieve little or no benefit from a hearing or vibrotactile aid, as demonstrated by the inability to improve on an age-

appropriate closed-set word identification task. The following should be performed prior to implantation:

1. Electrophysiological assessment should corroborate behavioral evaluation in very young children who cannot be adequately evaluated by standard audiometry tests. The electrophysiological assessment may consist of an auditory brain stem evoked response or similar test which would be covered when medically necessary.

2. A minimum six-month trial with appropriate amplification (hearing aid or vibrotactile aid) and rehabilitation is recommended for children to ascertain the potential for aided benefit. Coverage will only be available under the Program for Persons with Disabilities.

D. Cochlear implantation using FDA-approved cochlear implantation is covered for adults who are at least 18 years of age who have achieved little or no benefit from a hearing aid. Adults must have a severe to profound sensorineural hearing loss bilaterally and open set sentence recognition score less than or equal to 30% under best aided conditions.

E. Cochlear implantation using FDA-approved cochlear implants is covered for children ages 18 months through 17 years of age, who have a severe to profound sensorineural hearing loss bilaterally and achieve little or no benefit from a hearing or vibrotactile aid, as demonstrated by the inability to improve on an age-appropriate closed-set work identification task. The following should be performed prior to implantation:

1. Electrophysiological evaluations should corroborate behavioral evaluation in very young children who cannot be adequately evaluated by standard audiometry tests. Electrophysiological tests may include auditory brain stem evoked response testing, acoustic reflex testing, and/or otoacoustic emission testing.

2. A minimum six-month trial with appropriate amplification (hearing aid or vibrotactile aid) and rehabilitation is recommended for children to ascertain the potential for aided benefit.

F. Reimplantation may be necessary because of improper electrode insertion or migration, device failure, serious flap complication, or loss of manufacture support. In general, reimplantation in the same ear is usually possible. If reimplantation is medically contraindicated, the other ear may be implanted.

G. Extending cochlear implant candidacy to second ear may be cost-shared for those patients who have a single channel device and do not have open set discrimination.

H. Cochlear implantation for children may be cost-shared for one ear only.

I. Payment for cochlear implantation under the DRG 49 includes the cost of the device and all hospital facility costs. Separate outpatient charges for the external part of the device will not be paid.

J. Payment for cochlear implantation performed on an outpatient basis (i.e., an ambulatory surgery center) does not include the cost of the device in the facility fee. The cost of the device should be billed separately from the facility fee.

K. The CMAC surgical fee covers surgery and related follow-up visits within 90 days. Post-surgical cochlear rehabilitation services provided by a physician's employee (i.e., audiologist) are to be billed and paid separately using CPT code 92510 (aural rehabilitation following cochlear implant with or without speech processor programming).

IV. EXCLUSIONS

A. Cochlear implantation is contraindicated when preoperative radiographic evidence indicates an underdeveloped internal auditory canal, the absence of cochlear development or a physical condition which precludes placement of the electrode array or receiver-stimulator (e.g., cochlear ossification that prevents electrode insertion).

B. Even though a child may have bilateral deafness, the cochlear implantation is only recommended for one ear. Claims for bilateral implantation should be denied in full as unproven.

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